CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
ADULT SYSTEM OF CARE SUBCOMMITTEE

MEETING HIGHLIGHTS
June 15, 2011

Embassy Suites Burlingame
150 Anza Boulevard
Burlingame, CA 94010

Planning Council Members in Attendance:
John Black, Chair
Walter Shwe, Vice-Chair
Barbara J. Mitchell
Gail Nickerson
Jorin Bukosky
Lana Fraser
Daphne Shaw
Josephine Black
Glenn Hudsell
Stephanie Thal
Steven Grolnic-McClurg

Planning Council Staff in Attendance
Andi Murphy, Staff

Others in Attendance
Kathy Trevino, Disability Rights California
Steve Leoni
Joseph Robinson, CASRA
Beryl Nielson, Napa MHB, CALMHB, Bay Area Coordinator

Presenters
Kevin Jones, Telecare Corporation

Planning Council Member Issue Requests

No issue requests were submitted.

Welcome and Introductions

Noting that a quorum was present, the meeting was called to order at 10:10.

Updates from Other Groups

CMHDA – There is significant concern surrounding the Budget, AB 100 (Realignment), and the redirection of MHSA funding, AB 3632 (Student Mental Health Services) and the $100 M for AB 3632 Services. The Supreme Court refused to overturn the Appeal and has officially restored the responsibility for AB3632 to the schools. CMHDA has provided feedback to the Legislature, which has met with mixed results. CMHDA also met with Health and Human Services Diana

Dooley as part of the Agency's "listening campaign", but the priority for Agency right now is the formation of State Hospital.

The Cal MHSA Joint Powers of Authority (JPA) currently has more than $90M in the bank, and has awarded more than $60M to programs that combat stigma, student mental health services, and suicide prevention.

The Peer Recovery Art project has been taking its program on the road, modeling its success to various counties as a means to create a natural integration of consumers with community events and partnership through art and music.

The Department of Rehabilitation is hosting a Youth Leadership Forum and Leadership Luncheon in mid-July. This is the first year that youths with a mental health disability will attend – 8 youths representing different regions of the state.

The Employment Development Department is transferring the administration of the Council for Employment with People with Disabilities to the Department of Rehabilitation. A recommendation has been made for a representative from the CMHPC to participate.

Comments on Wellness & Recovery Paper

Due to the Wellness and Recovery Paper and questionnaire that was circulated to the operators of the Wellness and Recovery centers being omitted from the packet mail out, there was not sufficient time to read and provide comment on it. However, the preliminary review did provide some of the following comments/questions:

The questionnaire should have asked:

- Who is the top manager of the operation?
- Who handles the Budget? Are you given budget authority or do you use a "pass-through"?
- Does your operation become the de facto "adult day care" for residents of Residential Board and Care homes?
- How has the vision from inception?
- Are you exploring Medi-Cal billing?
- Is there a resistance to the concept of funding Wellness and Recovery through Medi-Cal billing items due to Medi-Cal's requirement that treatment follow a medical model that does not embrace a Wellness and Recovery philosophy?

Comments included:

- The Clubhouse Model referenced in the paper is not well regarded by some entities.
- Counties are closing down programs that do not bill Medi-Cal
- What is the purpose of this paper? If we become involved as a committee, what is the end result?
- Medi-Cal does not seem to mesh with Recovery concepts.
- Cultural competency needs to be retained.
- Is there a corollary that allows organization with a certain set of skills to bill under Treatment Authorization Requests (TARs)?
- What happened to the Medi-Cal cap of seven visits a year?

- In response to the purpose/involvement/outcome of the Paper – how about a listening tour and report back?
- Should WRCs bill Medi-Cal and use TCM model? SD Medi-Cal can be billed.
- There was some Innovation funding awarded to the Peer Recovery Art Program

Work Plan Review, Modification, and Approval

The meeting packet did not include the original work plan, so the modifications that were made and referred to in the April meeting summary had not context. Therefore this item was not addressed fully. This item will be revisited and reviewed via conference call within 30 days.

Seal of Approval Structure and White Paper Resources

These items were deferred due to lack of preparatory conference call. They will also be revisited via a conference call within 30 days.

Telecare – Residential and Housing Services Options for Telecare Members

Kevin Jones, of the San Mateo Telecare Corporation described the various options available for homeless, hard-to-house wellness recruits. Telecare operates under a harm reduction model, and is often the last resort for some who have been asked to leave more stringent settings or who have been deemed "un-helpable" by others. 70% of staff have either lived experience or substance abuse history and recovery. There are currently 200 members, and Telecare expects 25 more in the next couple of weeks. The majority of residents are housed through MHSA funding, with some Federal programs, and the residents run the gamut from "impossible" to those who are well along in their recovery. The housing settings vary from a "dorm" situation, for those with no income to two bedroom units for couples with children.

Over the past seven years, people housed through the Telecare Housing programs have found their hospitalizations reduced by 88%, their incarcerations reduced by 90%, and homelessness reduced by 100%. Placements are based on a dialogue that candidly assesses the incidents that have made it difficult for the tenant to retain housing (due to drugs, hoarding, disruptiveness, etc.) and how much a tenant is willing to change the habits in order to qualify for nicer accommodations. Jones feels that the success of the Telecare Housing programs is due to its continuum model, which provides greater flexibility of placements. When a placement doesn't work in a dorm, it might work better in a studio, etc. The philosophy of Telecare has been to "have power with" not power "over" members. There have only been five instances of member violence against staff, and four of those incidents involved alcohol (the fifth was about money).

The "dorm" is a converted hotel and bar that holds 34 "roomies" with communal recreational/meeting space, 24 hour on-site staff, and is located on federal property. Meals are provided and each resident's medication is held under separate lock and keys in the housing office that can be accessed only by the resident. This method has been investigated by Community Care Licensing and not been considered an issue. The Dorm is not considered a lease, they have "lodging agreement" (like a hotel). Everybody has the right to refuse medications, but the medication usage is tracked (when accessed, by whom, who needs to be

reminded). Because it is located on a federal campus the program must adhere to visiting hours and rules, and any crimes that occur are a federal offense. However, the federal designation also provides some leniency in medication storage[1], and, it allows the program to accept registered sex offenders, provided there are no children or children's services on the campus.

There are also Single Room Occupancies (SROs), studios and two bedroom units available for those well along in their recovery. Staff is on site 24/7 and check in on residents twice a day or more as needed. Staff is able to monitor insulin dependency and provide glucose readings in addition to reminding about medication when needed. The cost is typically 50% of their monthly income with the balance made up through MHSA funding. The room rate is $700 a month, of which $400 is paid by the member.

Telecare tries to tie Supportive housing with Supportive Employment when possible, but has had some issues with Workers Comp. It had some success with establishing a licensed & Bonded apartment packing and moving company, (temporarily suspended until some tax issues are worked out) that resulted in an employment increase of 400% for AB2034 members.

Telecare is monitoring AB109 and its potential impact on local mental health services, once the state transfers criminal justice services to the local level.

Meeting Review and Agenda Plan for Next meeting

- In regard to the dissolution of the DMH, transferring some of the DMH programs to the local JPA might be advisable and worth looking at, particularly housing programs and some of the WET.
- Should omit a presentation for next meeting due to all of the items deferred from this meeting.
- Subcommittee should be mindful of the fact that the meeting time is one hour less, so the agenda should have fewer items, with longer time slots for the things that are put on the agenda.
- Should there be a conference call in September to review current state of events prior to planning our agenda?
- During the April meeting, it was pretty clear that there could not be products without conference calls in between meetings.
- Three conference calls should be scheduled to perform the preparatory work for the Seal of Approval and the Work Plan Review and the Wellness & Recovery paper. At the end of the calls, decide what should be put on the agenda for the next meeting.
- Meeting materials for each topic will be distributed prior to the calls, and the Work plan and Charter will be enclosed with each meeting packet.
- The concept of the Seal of Approval needs to be clearer prior to the conference call, as part of the description of the 5Ws (what it is, who has them/who uses them, when are they used, how are they used, why are they important?).

[1] The medication storage leniency is speculated to be due to the fact that the program is located on federal property and therefore might be exempted from or less stringent than state community care and licensing requirements.

W3 - Who Does What by When?

1: Arrange three follow up conference calls
   a) ½ hour – conclude comments on WRC paper
   b) 1 hour – develop discuss work plan (send out previous work plan that was used to develop time line) PS: Always include it, and the Charter in along with the time line in our packets.
   c) 1 hour – seal of approval

2. Email the original work plan that was changed, along with the timeline, and charter and Include it in the meeting packets.
2. Lana to send out leadership invitation to send around to Committee members.

Respectfully submitted,

Andi Murphy
Staff, Adult System of Care